

POSITION	INITIALS	ID NO.	DATE
DETERMINATION			
CLASSIFIER			
FORMALITY REVIEW		43	12/2/00
RESPONSE FORMALITY REVIEW		49652	

09/17/01/62

INDEX OF CLAIMS

✓ Rejected N
 (Through corners) Aligned I
 + Canceled A
 Restricted O

Best Available Copy

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
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47		97		147	
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49		99		149	
50		100		150	

If more than 150 claims or 10 actions
 staple additional sheet here
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